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AUTHOR Staples, Pamela A.
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ABSTRACT

The study of older adults is relatively new for the social sciences. There is a growing awareness of the alcohol-related problems in this population. Between 2 and 10 percent of older social drinkers present severe alcohol-related problems of different kinds. Three terms describe the major consequences of "too much" alcohol: intoxication, alcohol-related disease, and dependency. The biological aging process includes many changes that can influence a person's responses to alcohol. For example, tolerance and nutrition are affected. Social relations affecting alcohol consumption may also change with the aging process. Social settings can alter the pattern of alcohol intake. Three groups of older problem drinkers are distinguished as early onset, late onset, and intermittant. Alcohol treatment is at least as effective for older individuals as it is for any other cohort. Elderly persons may require the full range of services needed by other alcoholics: detoxification facilities; residential and outpatient care; alcohol education; and individual and group therapies. The older problem drinker in treatment may be more likely than younger drinkers to complete a course of therapy. (Author)

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Alcohol-related Problems of Older Persons

Pamela A. Staples

The George Washington University

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Running head: Alcohol-related Problems

Abstract

The study of older adults is relatively new for the social sciences. There is a growing awareness of the alcohol-related problems in this population. Between 2% and 10% percent of older social drinkers present severe alcohol-related problems of different kinds. Three terms describe the major consequences of "too much" alcohol: intoxication, alcohol-related disease, and dependency. The biological aging process includes many changes that can influence a person's responses to alcohol. For example, tolerance and nutrition are affected. Social relations affecting alcohol consumption may also change with the aging process. Social settings can alter the pattern of alcohol intake. Three groups of older problem drinkers are distinguished as early onset, late onset, and intermittant. Alcohol treatment is at least as effective for older individuals as it is for any other cohort. Elderly persons may require the full range of services needed by other alcoholics: detoxification facilities, residential and outpatient care, alcohol education, and individual and group therapies. The older problem drinker in treatment may be more likely than younger drinkers to complete a course of therapy.

Alcohol-related Problems of Older Persons

Alcohol abuse among older men and women is receiving an increasing amount of public attention. Data suggest that untreated alcohol abuse among older persons is a more serious problem than people generally realize (National Institute on Aging, 1983). Since the study of older adults is relatively new for the social sciences, the definition of "older is unclear." What is clear, however, is a growing awareness of older person issues as a third of the American population (the "Baby Boomers") moves toward retirement.

Until recently, the problem of alcohol abuse among the elderly has been overlooked in both the gerontological and alcohol literature (Minnis, 1988; Atkinson, 1987). Minnis (1988) and Atkinson (1987) attribute this oversight to several factors: (1) early addiction research tended to focus on narcotics, (2) an influential theory by Winnick (1962), derived from his study of heroin abuse, suggested that drug abuse "matures out" after age 45, and (3) attention to problems of addiction tended to focus on the young because of the massive drug use in the 1960's.

Statistics show that there are approximately four million alcoholics age 60 and over in the United

States. Stern and Kastenbaum (1984) estimate that between 2% and 10% of older men experience severe alcohol problems, as do 2% of older women. Barnes (1982) suggested that heavy drinkers are those who consume more than one ounce of alcohol per day. These include 14% of older men and 7% of older women (Myers, 1989).

A study of 534 patients over 60 years of age who were admitted to a San Francisco psychiatric facility found that 28% of them had a "serious drinking problem." Five percent were heavy drinkers, whereas 23% were clearly alcoholic, and the alcoholism caused or was implicated in their hospitalization (Simon, Epstein, & Reynolds, 1968). Surveys of general medical wards indicate rates of alcoholism in the range of 15% to 20% (McCusker, Cherubin, & Zimberg, 1971; Schuckett & Miller, 1976). Brody (1982) suggests that a high proportion of elderly, 10% to 15%, who seek medical attention for any reason have alcohol-related problems.

Alcohol consumption has become a problem for any individual when the negative side effects of drinking are evident in the person's well-being and the well-being of others. This is not only true for diagnosed alcoholics and their families, but it is also true for

social drinkers who become entangled with the law (Sherouse, 1983).

Consequences of "Too Much" Alcohol

Intoxication

Straus (1983) uses three terms to describe the major consequences of the use of "too much" alcohol. These terms are: Intoxication, alcohol-related disease, and dependency. Intoxication is generally manifested in the compromising of brain functions. Moreover, intoxication is an acute condition associated with the immediate impact of alcohol or its metabolites on organ systems. As such, intoxication is not restricted to the central nervous system. Therefore, it can also be manifested through the incidental compromise of liver function and conditions, such as gastritis, or pancreatitis.

Alcohol-related Diseases

When people repeatedly subject themselves to alcohol intoxication, they run the risk of developing chronic conditions that result from such cumulative insults. These conditions are alcohol-related diseases, such as liver cirrhosis, peptic ulcer, or cardiomyopathy (Straus, 1983). Pneumonia can also be alcohol-related. Older alcoholics will often succumb

to pneumonia when resistance of their body systems is lowered (Bennett, 1983).

Dependency

Straus (1983) uses a third term, dependency, to describe "too much" alcohol. Dependency on alcohol occurs in many levels and forms. A very mild form of dependency on the mood-modifying effects of moderate amounts of alcohol can exist in millions of people who are accustomed to having one or two drinks in connection with a regularly recurring event. This drinking practice may be quite functional for each individual -- the benefits of the relaxation they achieve far outweighing the adverse side effect, if any. Yet, it is a form of dependency if when a person does not have the alcohol, the person misses the alcohol and feels "out of sorts."

Generalized dependency. Generalized dependency is found in persons whose lives have become so permeated by the need for alcohol that they are not able to function without it. Even when not drinking, they are preoccupied with protecting their supply of alcohol (Straus, 1983). Older persons often have smaller incomes and less discretionary money to spend. Consequently, economic constraints can impact the drinking behavior of the elderly.

Some with generalized dependency develop a physical dependence manifested by withdrawal symptoms when tissues accustomed to alcohol as a normal state are suddenly deprived. For most patients the alcohol withdrawal syndrome is a self-limited condition with mild to moderate symptoms (Whitfield et al., 1978). Hence, when benzodiazepines were shown to prevent the syndrome from progressing to seizures and delirium tremens (Kaim, Klett, and Rothfeld, 1969), pharmacotherapy became standard treatment in alcohol withdrawal. Liskow, Rinck, Campbell, and DeSouza (1989) developed a rating scale for measuring alcohol withdrawal (AWIS). The scale, when applied to young and elderly alcoholics, alcohol withdrawal, indicated that the elderly group initially had a more severe withdrawal for which they need higher doses of drugs. Therefore, it is concluded, that rehabilitation for the elderly alcoholic may be best at a somewhat later time than for younger alcoholics.

Psychological dependency. Psychological dependency is manifested by strong sensations of craving or painful compulsive senses of need. Rathbone-McCuan, Lohn, Levenson, and Hsu (1976) cited psychological dependency as an alcohol-related problem. Researchers list other alcohol-related problems for the

elderly to include: family issues, health problems, and legal entanglements. Additionally, Rathbone-McCuan, et al. (1976) and Calahan, Cisin, and Crossley (1969) agree that older alcoholics drink to alleviate depression and to escape life problems.

Situational dependency. Straus (1983) posits that situational dependence is found in individuals whose needs for too much alcohol tend to appear only in association with certain kinds of situations. Much situational dependence has a psychological origin and is exemplified by persons who drink to face anxieties. Some dependency seems generalized for certain periods of a person's life, but is subject to change as the person moves into other situations. As such, positive change is often difficult for the older person who faces both economic and physical losses.

Depression

Another clinical problem of alcohol consumption in the elderly results from the depressant effects of ethanol on the central nervous system; these effects may mimic or contribute to major depression. Alcoholism must, therefore, be considered by the clinician in evaluating elderly patients with depression, cognitive impairment, or both (Abrams & Alexopoulos, 1987). Because of changes in the

metabolism of ethanol in the older person, these effects may be seen in elderly persons who consume relatively small amounts of alcohol (Hartford & Samozajski, 1982). In other words, as many people get older, they experience a decrease in the amount of alcohol that they can drink if they want to maximize the desirable effects and minimize the adverse effects (Straus, 1983).

Other Hazards

There are many other hazards of repeated alcohol induced intoxication in the elderly. These hazards include disturbances in sleep, sexual functioning, and cognitive ability. The cognitive disturbances often appear to be normal changes associated with aging. Moreover, acute alcohol intoxication reduces hepatic metabolism of microsomal enzyme activity and speeds the metabolic breakdown of some drugs (Hartford & Samozajski, 1982).

Biological Aging

Tolerance

The biological aging process includes a number of changes that can influence a person's responses to alcohol. The elderly alcoholic is very often apt to develop an intolerance to alcohol. This is due to each body organ's decreasing ability to process alcohol and

to the frequent cross-use of prescription drugs. Also, the ratio of body water increases with age. Alcohol is soluble in water, but it is not soluble in fat. Therefore, the elderly alcoholic gets a higher concentration of alcohol in his or her brain and in his or her bloodstream. Combined with slower metabolism, this results in a higher concentration of alcohol for a longer period of time. While the younger counterparts metabolize one ounce of alcohol per hour, the elderly alcoholic metabolized a half ounce to three-fourths of an ounce per hour (Sherouse, 1983).

Nutrition

Alcohol also has an effect on the nutrition of older persons. The elderly alcoholic is more susceptible to the nutritional consequences of alcoholism because of the body composition changes and blunted homeostatic mechanisms that accompany aging. In a survey of alcohol and nutrient intake of elderly men, Barboriac, Rooney, Leitschuh, and Anderson (1978) found a lower caloric intake from food in the imbibers than in the abstainers. In the elderly, with lower caloric needs, a given alcohol intake would replace a higher percentage of calories from other nutrients. As such, clinicians should suspect alcohol as a possible cause for unexplained weight loss or "failure to

thrive" in an elderly person (Gambert, Newton, and Duthie, 1984).

Also, there is evidence that some aging people experience reduced appetites, less capacity to handle food comfortably, less sensitivity of taste, and less interest in food. Some of the degenerative diseases of aging limit the ability to ingest, absorb, and metabolize certain foods. Therefore, it has also been suggested that the need for certain vitamins and minerals may increase with age (Straus, 1983).

Types of Senior Alcoholics and Problem Drinkers

Early Onset

Researchers identify two significantly different types of senior alcoholics and problem drinkers. Mishara and Kastenbaum (1980), Zimberg (1978, 1982), and Zimering and Domeischel (1982) have distinguished between early onset (EO) and late onset (LO) alcoholics and problem drinkers. The early onset drinker or "survivor" was a problem drinker in early life and has beaten statistical odds by surviving into old age despite prolonged abuse. Zimberg (1978) states that older alcoholics have personality characteristics similar to younger alcoholics (Zimberg, 1978). Typically, many of these people live alone and are either divorced or widowed. Most of their support

systems are gone, and there is little or no communication with their families. Similarly, no previous contacts by these alcoholics have caused resentful feelings. Often agencies refuse to get involved with these people. The alcoholics's repeated falsification of records, refusal to participate in therapy, and paranoid accusations toward agency staff, can cause the agency to reject the client (Hubbard, Santos, and Santos, 1979).

Late Onset

Late onset drinkers or "reactors" have only recently begun to experience alcohol problems. According to Gomberg (1982), no alcohol problems arose before their fifties. They respond to the negative aspects of aging with depression and problem drinking. Reactions are usually responses to stressors such as lowered income, strained family relations, death of a spouse or loved one, alienation or medical infirmities. Epidemiological data clearly suggest that recently retired, recently widowed men over sixty-five, are a subgroup of older persons at high risk (Bailey, Haberman, and Alksne, 1965). Furthermore, these late onset drinkers may show only a few signs of the physical consequences of prolonged drinking and fewer lifestyle changes.

Intermittants

Gomberg (1982) suggests that there is a small but noticeable third group of elderly alcoholics, intermittants. He sees this group with histories of heavy drinking -- often weekend or binge drinking. Although the intermittants otherwise abstain or drink moderately, they frequently revert to heavy intake under the stresses and loneliness of aging. Gomberg's suggestion that this group is sizeable is yet to be confirmed. As such, research presently suggests that among older problem drinkers, early onset drinkers constitute approximately two-thirds and late onset drinkers constitute approximately one-third of the population of problem drinkers.

Changes in Drinking Behavior

There is evidence that the 50 and older age period is a time when many shifts of drinking behavior occur. A sizeable portion of persons age 50 and older become abstinent. The percentage of heavy drinkers drops. At age 60 to 65, the percentage of heavy drinkers among males drops even more sharply (Gomberg, 1982). There are some experts who feel that an individual, no matter how problematic his or her drinking has been, will reduce his or her alcohol consumption in old age. Zimberg (1982) and Douglass, Hickey, and Noel (1980)

have found a tendency for individuals to dramatically decrease their alcohol use or even eliminate it altogether in later years. Douglass et al. (1980) suggest that reduction may occur because of negative health consequences. Zimberg (1982) suggests that a combination of diminished tolerance increased toxic effects, the less pleasant effects on mood and behavior, and the unpleasant side effects of drinking often cause even longstanding alcoholics to give up drinking. However, Zimberg (1982) cautions against the perception of pervasive abstention among all elderly. Furthermore, it is also important to note that a certain number of older persons who have been abstainers or moderate social drinkers become problem drinkers. The older adult phase of the life cycle thus appears to include drinking decision-making (Gomberg, 1982).

Social relations affecting alcohol consumption may change with the process of aging. For example, older persons may seek companionship in senior centers or churches. Alcohol is not available in these settings, or, at least, the pattern of alcohol intake is modified. For example, the individual who frequented bars and had drinking buddies may in later life find these former relationships meaningless. Also, lack of

transportation can impact drinking behavior (Blazer, George, Woodbury, Manton, and Jordan, 1983).

Treatment

Alcoholism treatment is at least as effective for older individuals as it is for anyone in the general population. However, there is difficulty identifying alcohol-related problems among older persons. Retirement or other life style changes limit older persons' interaction with social, legal, and other networks. Therefore, there are fewer opportunities for alcohol problems to be observed. On the other hand, older persons are likely to visit a health care unit where presenting conditions that may be the consequence of alcohol abuse or dependence can be identified (Gordis, 1988).

Schonfeld and Dupree (1984) conducted the Gerontology Alcohol Project (GAP) as a pilot program for older drinkers. The results of earlier research studies had indicated that relapse is predictable when the antecedents to drinking are not considered. Thus, the GAP developed four major approaches to treating older problem drinkers: teaching older persons to break down their drinking behaviors in terms of antecedent conditions; using behavior rehearsals, practice, and lectures in group sessions to help them

deal with the identified antecedents; teaching general problem-solving skills to deal with both present and future antecedents of drinking; and teaching the consequences of alcohol abuse through group education.

Although evidence on the best setting for treating older alcoholics is controversial, older alcoholics achieve the same success rates as do younger patients (Gordis, 1988). Furthermore, older problem drinkers in treatment may be more likely than younger drinkers to complete a course of therapy (Atkinson, 1987; Kofoed, Tolson, Atkinson, Toth, and Turner, 1987; and Williams, 1984).

Elderly persons may require the full range of services needed by other alcoholics: detoxification facilities, residential and outpatient care, alcohol education, and individual and group therapies. It is likely, however, that the therapy of elderly alcoholics should differ in emphasis. As such, there is a greater need for a wide range of medical services, social therapies, and assistance services (Hinrichsen, 1984).

Group therapy, whether based on an Alcoholics Anonymous model or some other type of social support model, appears to be the single most crucial aspect of treatment for older persons (Hinrichsen, 1984).

Zimberg (1978) emphasizes the importance of socialization based therapy with elderly people and recommends this treatment approach. Therefore, where possible, it may be desirable to develop groups exclusively for elderly people. For example, the phenomenally successful self-help group, Alcoholics Anonymous, can be organized for a homogenous population, such as the elderly.

Eyde and Rich (1983) stress the importance of a family systems approach to the treatment of substance abuse disorders in older persons. Families may have long histories of denial and avoidance of the problems or may be codependents. This situation could benefit from an intergenerational approach to treatment. Otherwise, continuing dysfunctional patterns of relating may complicate treatment. Obviously, this approach cannot be used if the older person has outlived his or her family members!

Conclusion

The study of older adults is so new for the social sciences that the definition of "older" is unclear. However, with or without a definition, "older" person issues are gaining increased awareness and will continue to do so as the American population ages. As such, the issue of alcohol abuse among the elderly is

receiving clinical and social attention. Alcoholism among the older population is no longer considered unimportant or untreatable. As a matter of fact, research shows that alcoholism treatment is at least as effective for older individuals as it is for anyone in the general population. Furthermore, older problem drinkers are more likely to continue treatment than are younger drinkers.

Research is providing useful data on alcohol use by older persons, but more studies are needed to assess the full extent of usage among the elderly. Also, more studies are needed to identify the principal demographic and psychosocial factors related to usage, to assess the effects of sociocultural environment, and to examine the full range of interpersonal factors (Crook and Cohen, 1984). Thus, research into the problems associated with alcohol in the elderly is a pressing public health concern. Clearly, the contribution of such knowledge to the welfare of our older citizens is of paramount importance.

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